



IMMUNET



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Purpose

Provide users high level information about the multi-step VFC or Non VFC Covid-19 Provider Registration Process. This document will outline what information providers need before starting a registration, and what is included in the complete registration process.

The data gathered in the VFC and Non-VFC Profile screens are similar to the data that is gathered in the CDC COVID-19 Vaccination Program Provider Agreement.

IMPORTANT NOTE: Organizations enrolled in the VFC Program but have an Inactive and Suspended VFC Status, please contact the ImmuNet Helpdesk at (410) 767-6606 or mdh.mdimmunet@maryland.gov.

VFC COVID-19 Registration Instructions

Getting Started

For VFC enrolled organizations, start the COVID Registration process by clicking the checkbox labeled “Interested in ordering COVID-19” at the top of the Edit VFC Profile screen.



The screenshot shows a web form titled "Edit VFC Profile". Below the title is a section "VFC Profile". A red message reads: "Please contact the VFC Contact Center for address changes." The form contains the following fields: "Provider Pin: 9947 *", "Organization Type: Hospital" (dropdown menu), "Initiating Organization: ABC Clinic", and "Initiating User: Lawrence Johnbosco". At the bottom, there is a checkbox labeled "Interested in ordering COVID-19" with a red arrow pointing to it. To the right of the form are two blue buttons: "Save" and "Cancel".

STEP1: Updating a VFC Profile to Become Eligible

Once the “Interested in ordering COVID-19” checkbox is selected, the Provider Population accordion tab will appear. Please be sure all necessary information outlined below is on hand before starting the COVID-19 Registration Process for the VFC Profile. All fields in blue with an asterisk are required fields.

IMPORTANT NOTE: Once the COVID-19 sections of the VFC profile is started, all required information must be entered before the profile will be saved. It is not possible to save the profile and continue at a later time.

The following information is needed to complete the Non-VFC Profile.

Provider Population tab

Based on the options selected in this accordion tab, if an organization is eligible to order COVID-19 vaccines an eligibility message will display at the bottom of the tab as seen below.

Provider Population ▲

***Approximate number of patients routinely served by this location: (Enter "0" if the location does not serve this age group.)**

Children 18 years of age or younger Unknown

Adults 19-64 years of age Unknown

Adults 65 years of age and older Unknown

***Population served by this location (select all that apply):**

- General pediatric population
- General adult population
- Adults 65 years of age or older
- Long term care facility residents (nursing home, assisted living, or independent living facility)
- Health care workers
- Critical infrastructure/essential workers (e.g., education, law enforcement, food/agricultural workers, fire services)
- Military - active duty/reserves
- Military - veteran
- People experiencing homelessness
- Pregnant Women
- Racial and ethnic minority groups
- Tribal communities
- People who are incarcerated/detained
- People living in rural communities
- People who are under-insured or uninsured
- People with disabilities
- People with underlying [medical conditions](#) that are risk factors for severe COVID-19 illness
- Other people at higher-risk for COVID-19 (Specify:)

***Number of unique patients seen per week, on average:**

Unknown Not applicable (e.g. for commercial vaccination service providers)

*** Number of influenza vaccine doses administered during the peak week of the 2019-20 influenza season:**

(Enter "0" if no influenza vaccine doses were administered by this location in 2019-20.)

Unknown

Your organization is eligible for COVID-19 Vaccine ordering. If you are interested in ordering the COVID-19 vaccine please read and sign the COVID-19 Agreement in the "Vaccine Agreement" accordion tab below and click Save, otherwise click Save now to submit the profile for review to MDH Vaccine Ordering Team.



If eligible, 7 more accordion tabs will appear at the bottom of the profile.

Chief Medical Officer / Responsible Medical Provider ▲

Chief Executive Officer/Chief Fiduciary ▲

COVID-19 Vaccine Storage and Handling Information ▲

COVID-19 Vaccine Administration Information ▲

COVID-19 Vaccine Primary Contact Information ▲

COVID-19 Vaccine Backup Contact Information ▲

COVID-19 Vaccine Agreement(s) ▼

Chief Medical Officer / Responsible Medical Provider tab

Information in this tab could possibly already be populated by the State when the organization initially enrolled in the VFC program. If so, the tab will display with the fields already populated.

If not, be prepared to populate the Chief Medical Officer / Responsible Medical Provider information.

Chief Medical Officer / Responsible Medical Provider ▼

The official registered health care provider signing the agreement must be a practitioner authorized to administer vaccines under Maryland law, who will also be held accountable for compliance by the entire organization and its providers with the responsible conditions outlined in the provider enrollment agreement. The individual listed here must sign the provider agreement.

*Medical License Number:

Enter the full medical license number, including zeros.

NOTE: The Medical License Number must be validated using the "Validate" button.

Validated?

*First Name:

*Last Name: *Credentials:

*Title:

*Medicaid Provider Number:

*Employer Identification Number:

*Phone Number:

*Fax Number:

*Email Address:

Email Verified (This box will be auto checked when email is verified by the recipient)

Note: After clicking Save, if the profile is eligible to order COVID-19 an automated email will be sent to all the email address(es) added in this profile. Each email recipient must check their email and click the verification link. Once all the emails are verified, the staff completing this profile will receive an email and the profile will be automatically sent for state review

Chief Executive Officer/Chief Fiduciary tab

The Chief Executive Officer or Chief Fiduciary may be the same person as the CMO/RMP.

Chief Executive Officer/Chief Fiduciary ▼

*First Name:

*Last Name: Credentials:

*Title:

*Phone Number: *Fax Number:

*Email Address:

Email Verified (This box will be auto checked when email is verified by the recipient)

Note: After clicking Save, if the profile is eligible to order COVID-19 an automated email will be sent to all the email address(es) added in this profile. Each email recipient must check their email and click the verification link. Once all the emails are verified, the staff completing this profile will receive an email and the profile will be automatically sent for state review

COVID-19 Vaccine Storage and Handling Information tab

This tab will require populating questions regarding the organization’s storage units such as what type of storage units the organization has, the brands and the models. It also asks for information regarding storage capacity.

This tab will require the Chief Medical Officer/Responsible Medical Provider to read the storage temperature requirements for COVID-19 vaccines. Checking the checkbox and entering the name of the Chief Medical Officer/Responsible Medical Provider will be accepted in place of an electronic signature.

COVID-19 Vaccine Storage and Handling Information ▼

***1. What type of storage unit(s) does your facility have to store VFC vaccine (check all that apply)?**
Please use the text boxes to enter the Brand / Model of your storage unit(s).

Refrigerator (Stand Alone and/or Pharmaceutical grade).

Freezer (Stand Alone and/or Pharmaceutical grade).

Combination household unit (refrigerator and freezer in one unit with one compressor) using refrigerator or freezer compartment only for vaccines

Combination household unit (refrigerator and freezer in one unit with one compressor) using both freezer and refrigerator compartments for vaccines

Dorm style (single exterior door and an evaporator plate/cooling coil in a freezer compartment)

Note Dorm style units are not allowed for the storage of VFC vaccines.

***Estimated number of 10-Dose Multidose Vials (MDVs) your location is able to store during peak vaccination periods (e.g., during back-to-school or influenza season) at the following temperatures:**

Refrigerated (2° to 8°C / 36° to 46°F):	<input type="radio"/> No Capacity	<input type="radio"/> Approximately <input type="text"/> additional 10-dose MDVs
Frozen (-15° to -25°C / 5° to -13°F):	<input type="radio"/> No Capacity	<input type="radio"/> Approximately <input type="text"/> additional 10-dose MDVs
Ultra-frozen (-60° to -80°C / -76° to -112°F):	<input type="radio"/> No Capacity	<input type="radio"/> Approximately <input type="text"/> additional 10-dose MDVs

***COVID-19 Vaccine Storage Agreement**

Note: The Chief Medical Officer must agree that all COVID-19 Vaccines will be stored at temperatures indicated above. Checking the checkbox and entering the name of the Chief Medical Officer will be accepted in place of an electronic signature.

I attest that each storage unit listed will maintain the appropriate temperature range indicated above.

***Chief Medical Officer / Responsible Medical Provider signature:**

COVID-19 Vaccine Administration Information tab

This tab will require answering questions concerning how the organization reports vaccine administration data, locations and settings.

COVID-19 Vaccine Administration Information ▼

*Does your organization currently report vaccine administration data to ImmuNet? If "No" or "Not Applicable" explain planned method for reporting vaccine administration data to the jurisdiction's IIS or other designated system as required.

Yes
 No
 Not Applicable

Organization address of location where COVID-19 Vaccine will be administered
(IF DIFFERENT FROM RECEIVING LOCATION):

Address:
Address 2:
City: **State:**
ZIP: +4: **County:**

*Setting(s) where this location will administer COVID-19 Vaccines (Select all that apply)

<input type="checkbox"/> Childcare or daycare facility	<input type="checkbox"/> Pharmacy
<input type="checkbox"/> College, technical school, or university	<input type="checkbox"/> Public health clinic (e.g., local health department)
<input type="checkbox"/> Community center	<input type="checkbox"/> School (K-grade 12)
<input type="checkbox"/> Correctional/detention facility	<input type="checkbox"/> Shelter
<input type="checkbox"/> Health care provider office, health center, medical practice, or outpatient clinic	<input type="checkbox"/> Temporary or off-site vaccination clinic – point of dispensing (POD)
<input type="checkbox"/> Hospital (i.e., inpatient facility)	<input type="checkbox"/> Temporary location – mobile clinic
<input type="checkbox"/> In-home	<input type="checkbox"/> Urgent Care Facility
<input type="checkbox"/> Long-term care facility (e.g., nursing home, assisted living, independent living, skilled nursing)	<input type="checkbox"/> Workplace
<input type="checkbox"/> Other (Specify:) <input type="text"/>	

COVID-19 Vaccine Primary Contact Information tab

The COVID-19 Primary Contact must be different from the Responsible Medical Provider and different than the COVID-19 Backup Contact

COVID-19 Vaccine Primary Contact Information ▼

*First Name:

*Last Name:

*Office Position:

*Phone Number: *Fax Number:

*Email Address:

Email Verified (This box will be auto checked when email is verified by the recipient)

Note: After clicking Save, if the profile is eligible to order COVID-19 an automated email will be sent to all the email address(es) added in this profile. Each email recipient must check their email and click the verification link. Once all the emails are verified, the staff completing this profile will receive an email and the profile will be automatically sent for state review

COVID-19 Vaccine Backup Contact Information tab

The COVID-19 Backup Contact must be different than the COVID-19 Primary Contact.

COVID-19 Vaccine Backup Contact Information ▾

Entries must be different from COVID-19 Vaccine Primary Contact Information

*First Name:

*Last Name:

*Office Position:

*Phone Number: *Fax Number:

*Email Address:

Email Verified (This box will be auto checked when email is verified by the recipient)

Note: After clicking Save, if the profile is eligible to order COVID-19 an automated email will be sent to all the email address(es) added in this profile. Each email recipient must check their email and click the verification link. Once all the emails are verified, the staff completing this profile will receive an email and the profile will be automatically sent for state review

COVID-19 Vaccine Agreement tab

The final tab will require the Chief Medical Officer/Responsible Medical Provider -AND- the Chief Executive Office/Chief Fiduciary to read the COVID-19 Vaccine Agreement. Checking the checkbox and entering the name of the Chief Medical Officer and the Chief Executive Officer will be accepted in place of an electronic signature.

It is acceptable if the Chief Medical Officer and the Chief Executive Officer are the same, enter the same name in both fields.

COVID-19 Vaccine Agreement(s) ▲

COVID-19 Vaccine Agreement pertains to this organization only and does not cover affiliated vaccination locations.

[COVID-19 Agreement](#)

Click the link above to read the COVID-19 Agreement. Accepting the terms of the agreement includes reporting administered COVID-19 vaccine data to ImmuNet. See the ImmuNet website ([here](#)) for more information.

NOTE: The Chief Medical Officer and Chief Executive Officer must read the COVID-19 Vaccine Provider Agreement linked above. Once this is complete, checking the checkbox and entering the name of the Chief Medical Officer and Chief Executive Officer will be accepted in place of an electronic signature.

I have read and agree to the requirements outlined in the COVID Agreement and understand that I am accountable for compliance with these requirements.

*Chief Medical Officer / Responsible Medical Provider Signature:

I have read and agree to the requirements outlined in the COVID Agreement and understand that I am accountable for compliance with these requirements.

*Chief Executive Officer / Chief Fiduciary Signature:

Note: Please click the Save button to save the COVID-19 Agreement information.

Once all the required information is populated in the VFC Profile, click the Save button. Any required fields not populated will cause a validation error to display at the top of the screen. All required fields will have to be populated before the profile can be saved.

STEP 2: Email Verifications

Once the profile is saved successfully, an automated email will be sent out to all the email addresses that were entered in the profile. The email address recipients will be required to verify their email address by clicking the link in the email and then clicking the “Confirm” button in the displayed browser screen.

Once an email address is verified, the “Email Verified” checkbox will be automatically checked below each email address field. Once all “Email Verified” checkboxes are checked in the profile, the State must review and approve the profile before COVID-19 vaccines can be ordered.

Email Verified (This box will be auto checked when email is verified by the recipient)

Note: After clicking Save, if the profile is eligible to order COVID-19 an automated email will be sent to all the email address(es) added in this profile. Each email recipient must check their email and click the verification link. Once all the emails are verified, the staff completing this profile will receive an email and the profile will be automatically sent for state review

IMPORTANT NOTE: When an email address is updated in any of the tabs (including VFC tabs), an automatic email will be sent to the new email address for verification when the profile is saved. Remember, all emails must be verified to order COVID-19 vaccines. Until the new email address is verified, **COVID-19 ordering will be suspended.**

STEP 3: State Review and Approval

Once all email addresses have been verified, the VFC Profile will be reviewed by the MDH Help Desk Team. If needed, the Help Desk will reach out to the Chief Executive Officer / Responsible Medical Provider with any questions.

STEP 4: COVID-19 Vaccine Ordering

After an organization’s VFC Profile has been approved by the MDH, the organization may begin to place orders for COVID-19 Vaccines.

After logging into ImmuNet, click on the “VFC Inventory / Orders” button to be routed to Create and View Orders screen.

Create and View Orders Screen

This screen can be used for the following reasons

- Review VFC Profile status.
- High level review of the VFC Profile details.
- Edit VFC Profile (button)
- Enter Inventory (button)
- Order Specialty/Flu Vaccines (button)
- VFC Enrollment Survey (button)

Order Specialty/Flu Vaccines Screen

Once an organization has an approved and active VFC profile, use the **Order Specialty/Flu Vaccines** button to navigate to the Order Specialty/Flu Vaccines screen where COVID-19 vaccine orders can be created.

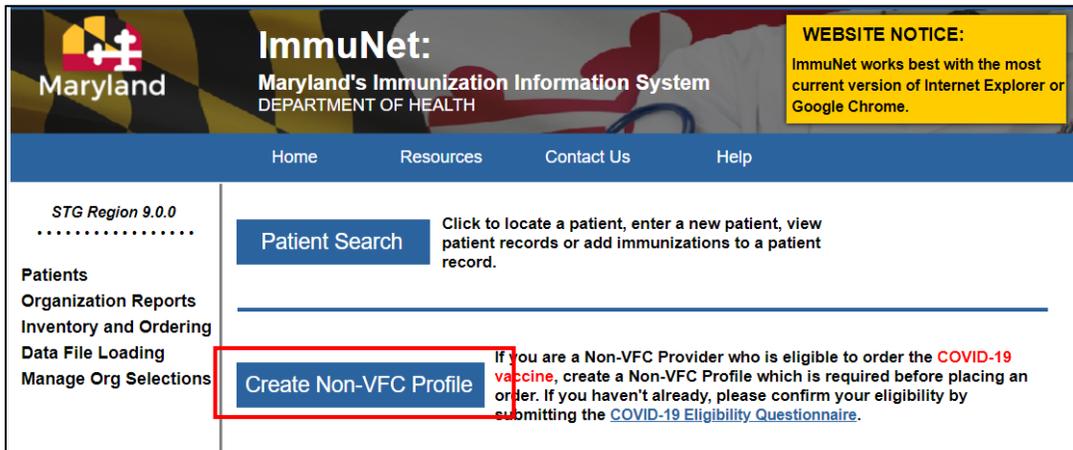
REMEMBER: If an email address is updated in any of the Profile tabs, **COVID-19 ordering will be suspended** until the new email is verified and the Order Specialty/Flu Vaccines screen will not list the COVID-19 vaccines such as in the example below.

Order Specialty/Flu Vaccines						
Grantee Code: MDA		Provider Pin: 777777		<input type="button" value="Confirm Order"/>		
Organization Name: ACCOUNTABILITY						
Inventory Date: 01/04/2021						
Is this a priority Order?		<input type="radio"/> yes <input checked="" type="radio"/> no		If yes, select Priority Reason: <input type="text"/>		
<p>Inventory entry instructions: Please enter the number of VFC doses remaining in your organization's inventory as of today's date. Enter remaining inventory in the 'Inventory Quantity (in doses)' column. If your organization has used all doses or has no doses for the trade name, enter a zero.</p> <p>Order entry instructions: Please enter an Order Quantity (in doses) for each line. The Order Quantity can be zero, or equal to, or a multiple of the Package Quantity.</p> <p>Exception: The Single Dose section allows an Order Quantity of 1 dose.</p>						
Single Dose Trade Name/Mfr/Description	NDC	Inventory Quantity (in doses)	Ordering Intention	Funding Type	Package Quantity	Order Quantity (in doses)
Acel-Imune Wyeth-Ayerst (Lederle and Praxis) 20 Dose Vial	00001-2541-25	<input type="text"/>	PED		1	<input type="text" value="0"/>
Acel-Imune Wyeth-Ayerst (Lederle and Praxis) 1 Dose Vial	78787-1234-12	<input type="text"/>	PED		1	<input type="text" value="0"/>
Flu Trade Name/Mfr/Description	NDC	Inventory Quantity (in doses)	Ordering Intention	Funding Type	Package Quantity	Order Quantity (in doses)
AFLURIA Seqirus 1 Dose Syringe	33332-0012-01	<input type="text"/>	PED		10	<input type="text" value="0"/>
FluMist Quadrivalent Medimmune, Inc. 1 Dose Sprayer (Intranasal)	66019-0300-10	<input type="text"/>	PED	State	10	<input type="text" value="0"/>
Fluzone Sanofi Pasteur Inc. (Connaught and Pasteur Merieux) 10 Dose Vial	49281-0392-15	<input type="text"/>	ADU		10	<input type="text" value="0"/>
Fluzone Sanofi Pasteur Inc. (Connaught and Pasteur Merieux) 10 Dose Vial	49281-0392-15	<input type="text"/>	PED		10	<input type="text" value="0"/>
Fluzone Intradermal Quad Sanofi Pasteur Inc. (Connaught and Pasteur Merieux) 10 Dose Vial	49281-0708-40	<input type="text"/>	PED		10	<input type="text" value="0"/>
Fluzone Quad, p-free Sanofi Pasteur Inc. (Connaught and Pasteur Merieux) 1 Dose Vial	49281-0415-10	<input type="text"/>	PED		10	<input type="text" value="0"/>
* Justification Statement:						
Please enter Justification Statement, why this order is needed. Click Confirm Order, once you have completed inventory, order, and Justification entries.						
<input type="text"/>						

Non-VFC COVID-19 Provider Registration Instructions

Getting Started

Organizations that are not currently enrolled in the VFC Program will need to complete a Non-VFC Profile by clicking the “Create Non-VFC Profile” button on the ImmuNet Home screen after login.



STEP 1: Create a Non-VFC Profile

This is the first step in the Non-VFC Covid-19 Provider Registration Process. Please ensure all necessary information outlined below has been obtained before starting the Non-VFC Profile. All fields in blue with an asterisk are required fields.

IMPORTANT NOTE: Once the Non-VFC profile is started, all required information must be entered before the form can be saved. It is not possible to save the profile and continue at a later time.

The following information is needed to complete the Non-VFC Profile.

Org Type / Org Sub-Type

This data will auto populate based on the existing information stored in ImmuNet. It can be updated if needed. The organization Sub-Type is required for some orgs types.

Edit Non-VFC Profile

Non-VFC Profile

Provider Pin: Save

* **Organization Type:** Public Health Provider Cancel

* **Sub Type:**

- FQHC
- RHC
- Public Health Clinic

Add >
< Remove

Initiating Organization: Health Hero USA
Initiating User: AMANDA KITTERMAN

Delivery Contact Information ▼

Provider Practice/Facility Information ▼

Chief Medical Officer/Responsible Medical Provider ▼

Chief Executive Officer/Chief Fiduciary ▼

Additional Medical Provider Information ▼

Vaccine Storage and Handling Information ▼

Provider Population ▼

Deliver Contact Information

This tab requires delivery information such as delivery address, delivery contact, and a delivery window. Please enter at least one AM and one PM delivery timeframe.

Delivery Contact Information ▲

* Delivery Contact First Name:

* Delivery Contact Last Name:

Delivery Contact Middle Name:

* Delivery Address (Street):

Delivery Address (Other):

* Delivery City: Delivery State: MD

* Delivery Zip: +4: * Delivery County:

* Delivery Phone: Ext. Delivery Fax:

* Delivery Alternative Phone:

* Delivery Email:

Email Verified (This box will be auto checked when email is verified by the recipient)

Note: After clicking Save, if the profile is eligible to order COVID-19 an automated email will be sent to all the email address(es) added in this profile. Each email recipient must check their email and click the verification link. Once all the emails are verified, the staff completing this profile will receive an email and the profile will be automatically sent for state review.

*Delivery Window #1: *Delivery Window #2:

Monday:	<input type="text"/>	to	<input type="text"/>	Monday:	<input type="text"/>	to	<input type="text"/>
Tuesday:	<input type="text"/>	to	<input type="text"/>	Tuesday:	<input type="text"/>	to	<input type="text"/>
Wednesday:	<input type="text"/>	to	<input type="text"/>	Wednesday:	<input type="text"/>	to	<input type="text"/>
Thursday:	<input type="text"/>	to	<input type="text"/>	Thursday:	<input type="text"/>	to	<input type="text"/>
Friday:	<input type="text"/>	to	<input type="text"/>	Friday:	<input type="text"/>	to	<input type="text"/>
Saturday:	<input type="text"/>	to	<input type="text"/>	Saturday:	<input type="text"/>	to	<input type="text"/>
Sunday:	<input type="text"/>	to	<input type="text"/>	Sunday:	<input type="text"/>	to	<input type="text"/>

Special Ordering Instructions: (35 Character Limit)

Provider Practice/Facility Information

This tab requires Provider Practice Physical and Mailing Address information

Provider Practice/Facility Information ▲

*Practice/Facility Address:

Practice/Facility Address 2:

*City: *State:

*ZIP: +4: *County:

*Practice/Facility Phone Number: *Alternate Phone Number: *Practice/Facility Fax Number:

Mailing Address (if different from Practice/Facility Address)

Address:

Address 2:

City: State:

ZIP: +4: County:

Chief Medical Officer/Responsible Medical Provider

The official registered health care provider must be a practitioner authorized to administer vaccines under Maryland law, who will also be held accountable for compliance by the entire organization and its

providers with the responsible conditions outlined in the provider enrollment agreement. The individual listed here must sign the provider agreement.

Chief Medical Officer/Responsible Medical Provider ▲

The official registered health care provider signing the agreement must be a practitioner authorized to administer vaccines under Maryland law, who will also be held accountable for compliance by the entire organization and its providers with the responsible conditions outlined in the provider enrollment agreement. The individual listed here must sign the provider agreement.

*Medical License Number: **Validate**

Enter the full medical license number, including zeros.
NOTE: The Medical License Number must be validated using the "Validate" button.

Validated?

*First Name:

*Last Name: *Credentials:

*Title:

*Employer Identification Number:

Medicaid Provider Number:

*Phone Number: *Fax Number:

*Email Address (must be different from Vaccine Supply Contact)

Email Verified (This box will be auto checked when email is verified by the recipient)

Note: After clicking Save, if the profile is eligible to order COVID-19 an automated email will be sent to all the email address(es) added in this profile. Each email recipient must check their email and click the verification link. Once all the emails are verified, the staff completing this profile will receive an email and the profile will be automatically sent for state review.

Chief Executive Officer/Chief Fiduciary

The Chief Executive Officer or Chief Fiduciary may be the same person as the CMO/RMP.

Chief Executive Officer/Chief Fiduciary ▲

*First Name:

*Last Name: Credentials:

*Title:

*Phone Number: *Fax Number:

*Email Address (must be different from Vaccine Supply Contact)

Email Verified (This box will be auto checked when email is verified by the recipient)

Note: After clicking Save, if the profile is eligible to order COVID-19 an automated email will be sent to all the email address(es) added in this profile. Each email recipient must check their email and click the verification link. Once all the emails are verified, the staff completing this profile will receive an email and the profile will be automatically sent for state review.

Additional Medical Provider Information

Up to 5 additional medical providers may be entered in this section. After entering all required information for a provider, click the **Apply Changes** button. To enter more, click the **Add New** button. Once a Medical Provider is entered, their information will display in the "Medical Provider Listing" table at the top of the tab. If a validation email needs to be resent to an email recipient, select a Medical Provider using the radio button that will appear in the "Review" column, and then clicking the blue

“Review” button. Once the Medical Providers information is displayed in the data fields, click the “Apply Changes” button to resend the email.

Additional Medical Provider Information ▲

Please enter the name and medical license numbers of the health providers who may administer VFC vaccine. It is not necessary to include the names of all staff who may administer vaccine, only those who possess a medical license or are authorized to write prescriptions. Add New

Medical Provider Listing

Review	Remove	Name	Credentials
--------	--------	------	-------------

Medical Provider Detail

Click Apply Changes to save updates Apply Changes

*Medical License Number: Validate

Enter the full medical license number, including zeros.

NOTE: The Medical License Number must be validated using the "Validate" button.

Validated?

*First Name:

*Last Name: *Credentials:

*Email:

Email Verified (This box will be auto checked when email is verified by the recipient)

Note: After clicking Save, if the profile is eligible to order COVID-19 an automated email will be sent to all the email address(es) added in this profile. Each email recipient must check their email and click the verification link. Once all the emails are verified, the staff completing this profile will receive an email and the profile will be automatically sent for state review.

Medicaid Provider Number:

Vaccine Storage and Handling Information

This tab will require populating questions regarding the organization’s storage units such as what type of storage units the organization has, the brands and the models. It also asks for information regarding storage capacity.

This tab will also require the Chief Medical Officer/Responsible Medical Provider to read the storage temperature requirements for COVID-19 vaccines. Checking the checkbox and entering the name of the Chief Medical Officer/Responsible Medical Provider will be accepted in place of an electronic signature.

Vaccine Storage and Handling Information ▲

***1. What type of storage unit(s) does your facility have to store Non-VFC vaccine (check all that apply)? Please use the text boxes to enter the Brand / Model of your storage unit(s).**

Refrigerator (Stand Alone and/or Pharmaceutical grade).

Freezer (Stand Alone and/or Pharmaceutical grade).

Combination household unit (refrigerator and freezer in one unit with one compressor) using refrigerator or freezer compartment only for vaccines

Combination household unit (refrigerator and freezer in one unit with one compressor) using both freezer and refrigerator compartments for vaccines

Dorm style (single exterior door and an evaporator plate/cooling coil in a freezer compartment)

Note Dorm style units are not allowed for the storage of VFC vaccines.

***2. What type of temperature monitoring device(s) does your facility use for your vaccine storage units:**

Digital Data Logger

Built-in temperature monitor

Calibrated thermometer

Cloud based system

Other (indicate below)

***Estimated number of 10-Dose Multidose Vials (MDVs) your location is able to store during peak vaccination periods (e.g., during back-to-school or influenza season) at the following temperatures:**

Refrigerated (2° to 8°C / 36° to 46°F): No Capacity Approximately additional 10-dose MDVs

Frozen (-15° to -25°C / 5° to -13°F): No Capacity Approximately additional 10-dose MDVs

Ultra-frozen (-80° to -80°C / -76° to -112°F): No Capacity Approximately additional 10-dose MDVs

***COVID-19 Vaccine Storage Agreement**

Note: The Chief Medical Officer must agree that all COVID-19 Vaccines will be stored at temperatures indicated above. Checking the checkbox and entering the name of the Chief Medical Officer will be accepted in place of an electronic signature.

I attest that each storage unit listed will maintain the appropriate temperature range indicated above.

***Chief Medical Officer / Responsible Medical Provider signature:**

Provider Population

Based on the options selected in this accordion tab, if an organization is eligible to order COVID-19 vaccines an eligibility message will display at the bottom of the tab as seen in the following example.

Provider Population ▲

*Approximate number of patients routinely served by this location: (Enter "0" if the location does not serve this age group.)

<input type="text"/>	Children 18 years of age or younger	<input type="checkbox"/>	Unknown
<input type="text"/>	Adults 19-64 years of age	<input type="checkbox"/>	Unknown
<input type="text"/>	Adults 65 years of age and older	<input type="checkbox"/>	Unknown

*Population served by this location (select all that apply):

- General pediatric population
- General adult population
- Adults 65 years of age or older
- Long term care facility residents (nursing home, assisted living, or independent living facility)
- Health care workers
- Critical infrastructure/essential workers (e.g., education, law enforcement, food/agricultural workers, fire services)
- Military - active duty/reserves
- Military - veteran
- People experiencing homelessness
- Pregnant Women
- Racial and ethnic minority groups
- Tribal communities
- People who are incarcerated/detained
- People living in rural communities
- People who are under-insured or uninsured
- People with disabilities
- People with underlying [medical conditions](#) that are risk factors for severe COVID-19 illness
- Other people at higher-risk for COVID-19 (Specify:)

*Number of unique patients seen per week, on average:

Unknown Not applicable (e.g. for commercial vaccination service providers)

* Number of influenza vaccine doses administered during the peak week of the 2019-20 influenza season: (Enter "0" if no influenza vaccine doses were administered by this location in 2019-20.)

Unknown

Your organization is eligible to create a Non-VFC Profile for COVID-19 Vaccine ordering. Please read and sign the COVID-19 Agreement in the "Vaccine Agreement" accordion tab below, then click Save to submit the profile for review to the MDH Vaccine Ordering Team.



If eligible, 4 more accordion tabs will appear at the bottom of the profile.

Provider Population ▼

COVID-19 Vaccine Administration Information ▲

COVID-19 Vaccine Primary Contact Information ▼

COVID-19 Vaccine Backup Contact Information ▼

Vaccine Agreement(s) ▼

COVID-19 Vaccine Administration Information

This tab will require answering questions concerning how the organization reports vaccine administration data, locations and settings.

COVID-19 Vaccine Administration Information ▲

***Does your organization currently report vaccine administration data to ImmuNet? If "No" or "Not Applicable" explain a planned method for reporting vaccine administration data to the jurisdiction's IIS or other designated system as required.**

Yes
 No
 Not Applicable

Organization address of location where COVID-19 Vaccine will be administered
(IF DIFFERENT FROM RECEIVING LOCATION):

Address:
Address 2:
City: **State:**
ZIP: **+4:** **County:**

***Setting(s) where this location will administer COVID-19 Vaccines (Select all that apply)**

<input type="checkbox"/> Childcare or daycare facility	<input type="checkbox"/> Pharmacy
<input type="checkbox"/> College, technical school, or university	<input type="checkbox"/> Public health clinic (e.g., local health department)
<input type="checkbox"/> Community center	<input type="checkbox"/> School (K-grade 12)
<input type="checkbox"/> Correctional/detention facility	<input type="checkbox"/> Shelter
<input type="checkbox"/> Health care provider office, health center, medical practice, or outpatient clinic	<input type="checkbox"/> Temporary or off-site vaccination clinic – point of dispensing (POD)
<input type="checkbox"/> Hospital (i.e., inpatient facility)	<input type="checkbox"/> Temporary location – mobile clinic
<input type="checkbox"/> In-home	<input type="checkbox"/> Urgent Care Facility
<input type="checkbox"/> Long-term care facility (e.g., nursing home, assisted living, independent living, skilled nursing)	<input type="checkbox"/> Workplace
<input type="checkbox"/> Other (Specify:)	<input type="text"/>

COVID-19 Vaccine Primary Contact Information

The COVID-19 Primary Contact must be different from the Primary Responsible Medical Provider and different than the COVID-19 Backup Contact.

COVID-19 Vaccine Primary Contact Information ▲

Entries must be different from Primary Responsible Medical Provider

***First Name:**
***Last Name:**
***Office Position:**
***Phone Number:** ***Fax Number:**
***Email Address:**
 Email Verified (This box will be auto checked when email is verified by the recipient)

Note: After clicking Save, if the profile is eligible to order COVID-19 an automated email will be sent to all the email address(es) added in this profile. Each email recipient must check their email and click the verification link. Once all the emails are verified, the staff completing this profile will receive an email and the profile will be automatically sent for state review.

COVID-19 Vaccine Backup Contact Information

The COVID-19 Backup Contact must be different than the COVID-19 Primary Contact.

COVID-19 Vaccine Backup Contact Information ▲

Entries must be different from COVID-19 Vaccine Primary Contact

*First Name:

*Last Name:

*Office Position:

*Phone Number: *Fax Number:

*Email Address:

Email Verified (This box will be auto checked when email is verified by the recipient)

Note: After clicking Save, if the profile is eligible to order COVID-19 an automated email will be sent to all the email address(es) added in this profile. Each email recipient must check their email and click the verification link. Once all the emails are verified, the staff completing this profile will receive an email and the profile will be automatically sent for state review.

Vaccine Agreement(s)

The final tab will require the Chief Medical Officer/Responsible Medical Provider -AND- the Chief Executive Office/Chief Fiduciary to read the COVID-19 Vaccine Agreement. Checking the checkbox and entering the name of the Chief Medical Officer and the Chief Executive Officer will be accepted in place of an electronic signature.

It is acceptable if the Chief Medical Officer and the Chief Executive Officer are the same, enter the same name in both fields.

Vaccine Agreement(s) ▲

COVID-19 Vaccine Agreement pertains to this organization only and does not cover affiliated vaccination locations.

[COVID-19 Agreement](#)

Click the link above to read the COVID-19 Agreement. Accepting the terms of the agreement includes reporting administered COVID-19 vaccine data to ImmuNet. See the ImmuNet website ([here](#)) for more information.

NOTE: The Chief Medical Officer and Chief Executive Officer must read the COVID-19 Vaccine Provider Agreement linked above. Once this is complete, checking the checkbox and entering the name of the Chief Medical Officer and Chief Executive Officer will be accepted in place of an electronic signature.

I have read and agree to the requirements outlined in the COVID Agreement and understand that I am accountable for compliance with these requirements.

*Chief Medical Officer / Responsible Medical Provider Signature:

I have read and agree to the requirements outlined in the COVID Agreement and understand that I am accountable for compliance with these requirements.

*Chief Executive Officer / Chief Fiduciary Signature:

Note: Please click the Save button to save the COVID-19 Agreement information.

Once all the required information is populated in the Non-VFC Profile, click the Save button. Any required fields not populated will cause a validation error to display at the top of the screen. All required fields will have to be populated before the profile can be saved.

STEP 2: Email Verifications

Once the profile is saved successfully, an automated email will be sent out to all the email addresses that were entered in the profile. The email address recipients will be required to verify their email address by clicking the link in the email and then click the “Confirm” button in the displayed browser screen.

Once an email address is verified, the “Email Verified” checkbox will be automatically checked below each email address field. Once all “Email Verified” checkboxes are checked in the profile, the State must review and approve the profile before COVID-19 vaccines can be ordered.

Email Verified (This box will be auto checked when email is verified by the recipient)

Note: After clicking Save, if the profile is eligible to order COVID-19 an automated email will be sent to all the email address(es) added in this profile. Each email recipient must check their email and click the verification link. Once all the emails are verified, the staff completing this profile will receive an email and the profile will be automatically sent for state review

IMPORTANT NOTE: When an email address is updated in any of the tabs, an automatic email will be sent to the new email address for verification when the profile is saved. Remember, all emails must be verified to order COVID-19 vaccines. Until the new email address is verified, **COVID-19 ordering will be suspended.**

STEP 3: State Review and Approval

Once all email addresses have been verified, the Non-VFC Profile will be reviewed by the MDH Help Desk Team. If needed, the Help Desk will reach out to the Chief Executive Officer / Responsible Medical Provider with any questions.

STEP 4: COVID-19 Vaccine Ordering

After an organization’s Non-VFC Profile has been approved by the MDH, organization may begin to place order for COVID-19 Vaccines.

After logging into ImmuNet, click on the “Non-VFC order” button to be routed to Create and View Orders screen.

Create and View Orders Screen

This screen can be used for the following reasons

- Review Non-VFC Profile status: until the profile is approved by the MDH, the profile will be in a “Pending” status.
- High level review of the Non-VFC Profile details.
- Edit Non-VFC Profile (button)
- Order Specialty/Flu Vaccines (button)

Order Specialty/Flu Vaccines Screen

Once an organization has an approved and active Non-VFC profile, use the **Order Specialty/Flu Vaccines** button to navigate to the Order Specialty/Flu Vaccines screen where COVID-19 vaccine orders can be created.

REMEMBER: If an email address is updated in any of the Profile tabs, **COVID-19 ordering will be suspended** until the new email is verified and the Order Specialty/Flu Vaccines screen will not list the COVID-19 vaccines such as in the example below.

Order Specialty/Flu Vaccines

Grantee Code: MDA **Provider Pin:** N1001

Organization Name: Health Hero USA

Inventory Date: 01/02/2021

Is this a priority Order? yes no **If yes, select Priority Reason:**

Inventory entry instructions:
Please enter the number of doses remaining in your organization's inventory as of today's date. Enter remaining inventory in the 'Inventory Quantity (in doses)' column. If your organization has used all doses or has no doses for the trade name, enter a zero.

Order entry instructions:
Please enter an Order Quantity (in doses) for each line. The Order Quantity can be zero, or equal to, or a multiple of the Package Quantity.

Exception: The Single Dose section allows an Order Quantity of 1 dose.

*** Justification Statement:**
Please enter Justification Statement, why this order is needed.
Click Confirm Order, once you have completed inventory, order, and Justification entries.

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